FORM D

759231

UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

PROCESSED MAR 2 7 2009

THOMSON REUTERS

NOTICE OF SALE OF SECURITIES **PURSUANT TO REGULATION D, SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

Expires: March 31, 2009 Estimated average burden nours per response: 16.00	OMB Number:	3235-0076				
	- 1	•				
nours per response: 16.00	Estimated average burden					
	nours per respon	se: 16.00				

OMB APPROVAL

SEC USE ONLY						
Prefix Serial						
DATE RECEIVED						

Name of Offering (check if this is an amendment and name has changed, and indicate change.) Small Cap Managers: Portfolio 1 Offshore L.P.: Limited Partnership Interests									
		Section 4(6) SEC WAII PROSCESSING							
Type of Filing: ☐ New Filing ☑ Amendr		Section							
A. BASIC IDENTIFICATION DATA									
1. Enter the information requested about the issu	иет	MAR 19 2000							
Name of Issuer (check if this is an amendment	ent and name has changed, and indicate change.)	. 0 2000							
Small Cap Managers: Portfolio 1 Offshore	e L.P.	"Vasnin gton, DC							
	umber and Street, City, State, Zip Code)	Telephone Number (including Area Code)							
c/o GSAM (GMS Cayman GP) Ltd., One i	New York Plaza, New York, New York 10004	(212) 902-1000							
Address of Principal Business Operations	(Number and Street, City, State, Zip Code)	Teleph							
(if different from Executive Offices)									
Brief Description of Business		- '							
To operate as a private investment fund.	- 1								
09036434									
Type of Business Organization									
Corporation	☐ limited partnership, already formed	☑ other (please specify):							
☐ business trust	☐ limited partnership, to be formed	Exempted Limited Partnership							
Actual or Estimated Date of Incorporation or Organization: Month Year									
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for									
State: CN for Canada; FN for other foreign jurisdiction) F N									
		,							

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collections of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

2. Enter the information requested for the following:
 Each promoter of the issuer, if the issuer has been organized within the past five years;
 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
* Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
* Each general and managing partner of partnership issuers.
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
GSAM (GMS Cayman GP) Ltd. (the Issuer's General Partner)
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o Walkers SPV Limited, Walker House, PO Box 908GT, Mary Street, George Town, Grand Cayman, Cayman Islands Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or
Check Box(es) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Stefan Persson
Business or Residence Address (Number and Street, City, State, Zip Code)
Salenhuset-HK, Stockholm, 106 38, Sweden
Check Box(cs) that Apply: ☐ Promoter ☑ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Ivy Investments Ltd.
Business or Residence Address (Number and Street, City, State, Zip Code)
Attn: Shawn A. Forbes, Pictet Bank & Trust Ltd., Bayside Exec Pk., New Providence, Nassau, Bahamas
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner
Full Name (Last name first, if individual)
Stefan Bengtsson
Business or Residence Address (Number and Street, City, State, Zip Code)
Gumhornsgatan 12, Stockholm, Sweden
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer* Director General and/or *of the Issuer's General Partner Managing Partner
Full Name (Last name first, if individual)
Barbetta, Jennifer
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o GSAM (GMS Cayman GP) Ltd., One New York Plaza, New York, New York 10004
Check Box(es) that Apply:
Full Name (Last name first, if individual)
Clark, Kent
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o GSAM (GMS Cayman GP) Ltd., One New York Plaza, New York, New York 10004
Check Box(es) that Apply:
Full Name (Last name first, if individual)
Gottlieb, Jason
Business or Residence Address (Number and Street, City, State, Zip Code)
c/o GSAM (GMS Cayman GP) Ltd., One New York Plaza, New York, New York 10004

A. BASIC IDENTIFICATION DATA

				B. INI	FORMAT	ION ABO	UT OFFI	ERING					
											Yes	No	
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE.								*************************		Ø			
2. What is the minimum investment that will be accepted from any individual? *General Partner, may accept subscriptions below the minimum, provided no subscriptions shall be less than U.S. \$50,000 (or an amount specified by Cayman Islands Law).							\$ 10	00,000*					
											Yes	No	
3. Does t	he offering	permit joint	ownership	of a single	unit?	••••		****		••••••	Ø		
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
Full Name	(Last name	first, if ind	ividual)										
Goldman,	, Sachs & C	*											
-	h the securi r in any jur		sold throug	gh Goldma	n, Sachs &	Co., no co	nmissions	will be paid	l, directly a	r indirectly	y, for solic	iting any	
Business of	or Residence	Address (I	Number and	Street, City	y, State, Zip	Code)							
85 Broad	Street, Nev	v York, Ne	w York 100	04									
	Associated E			. ,									
			s Solicited (lividual Stat				•••••				Ø A	🗹 All States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[XT]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Name	: (Last name	first, if ind	ividual)										
Business of	or Residence	e Address (1	Number and	Street, City	y, State, Zip	Code)							
Name of A	Associated E	Broker or De	ealer										
			s Solicited o								🗆 A	II States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Name	(Last name	first, if ind	ividual)										
Business of	or Residence	e Address (1	Number and	Street, City	y, State, Zip	Code)					· · · · · · · · · · · · · · · · · · ·		
Name of A	Associated E	Broker or De	ealer								· · · · · · · · · · · · · · · · · · ·		
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)								All States					
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[HO]	[OK]	[OR]	[PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	\$	0	\$	0
	Equity (Shares)	_	0		0
	☐ Common ☐ Preferred	Ť-		Ť	
	Convertible Securities (including warrants)	\$	0	\$	0
	Partnership Interests	_		\$	25,589,569
	Other (Specify):	\$	0	\$	0
	Total	\$ - \$			25,589,569
	Answer also in Appendix, Column 3, if filing under ULOE.	• –	25,567,567	•	20,000,000
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Number Investors		Aggregate Dollar Amount of Purchases
	A CONTRACTOR OF THE CONTRACTOR		investors 18	\$	25,589,569
	Accredited Investors	_		. \$	
		_	<u> </u>	-	
	Total (for filings under Rule 504 only)	-	N/A	2	N/A
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.		Type of		Dollar Amount
	Type of offering		Security		Sold
	Rule 505	_	N/A	\$	N/A
	Regulation A	_	N/A	\$	N/A
	Rule 504	_	N/A	\$	N/A
	Total	_	N/A	\$	N/A
tl tl	.a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of the expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	0
	Printing and Engraving Costs			\$	0
	Legal Fees			\$	22,395
	Accounting Fees			\$	0
	Engineering Fees.			\$	0
	Sales Commissions (specify finders' fees separately)		Ö	\$	0
	Other Expenses (identify)			\$	0
	Total		ゼ	\$	22,395

	C. OFFERING PRICE, N	UMBER OF INVESTORS, EXP	ENS	ES A	AND USE OF PI	ROCE	EDS			
	b. Enter the difference between the aggregation - Question 1 and total expenses furnished difference is the "adjusted gross proceeds to	in response to Part C - Question 4.a	. Th	is		\$_		25,567,174		
5.	Indicate below the amount of the adjusted g to be used for each of the purposes shown. furnish an estimate and check the box to payments listed must equal the adjusted growto Part C - Question 4.b. above.	If the amount for any purpose is not I the left of the estimate. The total	of th	n, ie						
					Payments to Officers, Directors, & Affiliates			Payments To Others		
	Salaries and Fees			\$_	0		\$ _	0		
	Purchase of real estate			\$_	0		\$_	0		
	Purchase, rental or leasing and installation of	f machinery and equipment		\$_	0		\$_	0		
	Construction or leasing of plant buildings an	d facilities		\$_	0		\$_	0		
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)				\$	0		\$	0		
	Repayment of indebtedness			s	0	_	s	0		
	Working capital		\$	0		s –	0			
	Other (specify): Investment Capital			\$	0	₩.	-	25,567,174		
	Column Totals			\$ \$	0	2	\$	25,567,174		
Total Payments Listed (column totals added)								25,567,174		
	199431	D. FEDERAL SIGNATUR	RE							
f	he issuer has duly caused this notice to be sollowing signature constitutes an undertaking fits staff, the information furnished by the issues.	by the issuer to furnish to the U.S. Se	curiti	es an	d Exchange Comm	nission,	upon			
		Signature			Date					
Sm L.F	all Cap Managers: Portfolio 1 Offshore	Caroline	•		March (2, 2009					
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type)			I					
Ca	aroline Kraus Assistant Secretary of the Issuer's General Partner									

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

